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Some background on me

- ASU Associate Professor since 2005
- Former child welfare worker
- Long term interest in the prevention of child abuse and neglect and child maltreatment
- Present work: primary prevention of child abuse and neglect
- Previous work: evaluation/research with many state and local programs in child welfare and juvenile justice

Some background on this session

- Evidence based practice (EBP): what it is and isn't
- How it fits with evaluation and research
- Steps toward evidence based practice

Some critical points

- Knowledge is the world's most valuable resource at the beginning of the 21st century
- Failure to use this resource efficiently and effectively will deprive citizens of enhanced health and welfare
- The challenge of finding ways to use knowledge for betterment of health and welfare is real and urgent
- Evidence-based policy and practice is an innovative 21st century response to this challenge
- Yet, like all major social innovations we must face and resolve many challenges if EBP is to become a reality
- The immediate agenda is to understand and deal with these challenges

Groups promoting EBP

- The American Academy of Pediatrics
- American Academy of Child and Adolescent Psychiatry
- APA's division of Child Psychology
- Task force on the Promotion and Dissemination of Psychological Procedures
- Society for Social Work Research

The Campbell Collaboration - Microsoft Internet Explorer

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THE CAMPBELL COLLABORATION

What Helps? What Harms? Based on What Evidence?

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WELCOME

The international Campbell Collaboration (C2) is a non-profit organization that aims to help people make well-informed decisions about the effects of interventions in the social, behavioral and educational arenas.

C2's objectives are to prepare, maintain and disseminate systematic reviews of studies of interventions. We acquire and promote access to information about trials of interventions. C2 builds summaries and electronic brochures of reviews and reports of trials for policy makers, practitioners, researchers and the public.

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SPOTLIGHT EVENT

THE FIFTH ANNUAL CAMPBELL COLLABORATION COLLOQUIUM:
FEBRUARY 23-25, 2005
LISBON, PORTUGAL

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THE CAMPBELL COLLABORATION

What Helps? What Harms? Based on What Evidence?

10-17

K. Williams and S. Woolfenden

Group based parent-training programmes for improving emotional and behavioural adjustment in 0-3 year old children View Documents

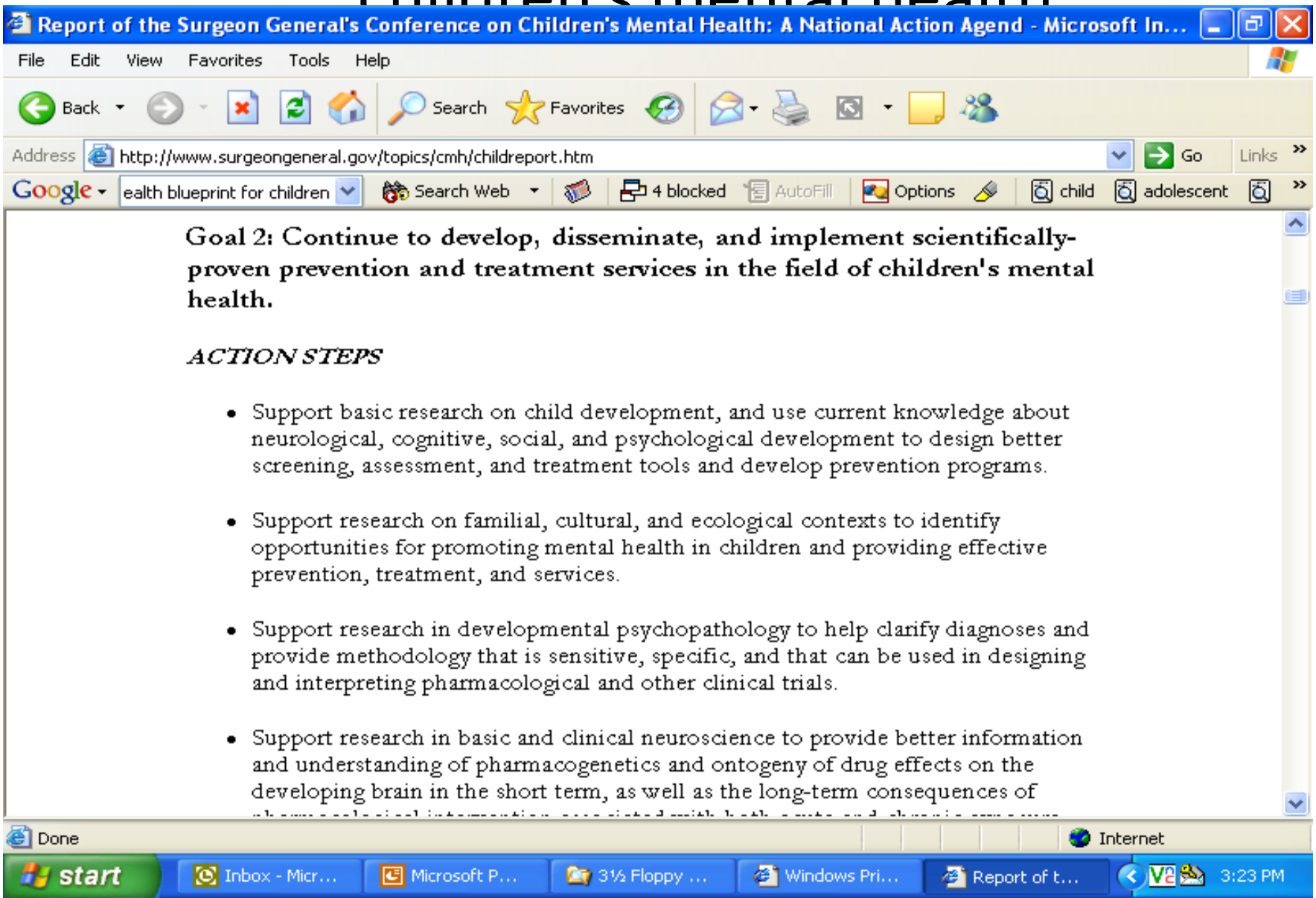
J. Barlow and J. Parsons

Media-based behavioural treatments for behavioural disorders in children

Montgomery P., paul.montgomery@psych.ox.ac.uk, and Dennis J., UK

Parent-training programmes for improving maternal View

Surgeon General's conference on children's mental health



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National Center for Mental Health and Juvenile Justice

NCMHJJ

Evidence Based Practice

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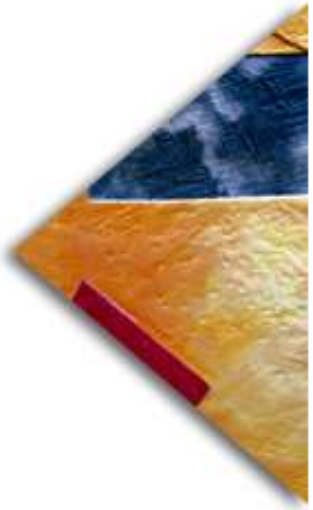
- New & Noteworthy
- Evidence Based Practices



As attention to the issue of youth with mental disorders in the juvenile justice system has increased in the past decade, a number of approaches have emerged to assist the field in identifying and responding to their mental health needs. One of the most important advances is the development of demonstrated effective interventions for treating youth. These demonstrated interventions are commonly referred to as evidence-based practices: interventions that involve standardized treatment and that have been shown through controlled research to result in improved outcomes across multiple research groups.

These advances have occurred in a number of areas that relate to the Center's target population, including mental health, substance abuse, and juvenile justice prevention and treatment of youth. The following resources and links provide information and descriptions about evidence-based practices from these different populations. While there is much overlap in the evidence-based practices identified in these reviews, there are also differences. For example, Multisystemic Therapy appears on most lists while the

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Two conceptualizations of EBP

- Certain practices or intervention programs become established as effective by individual studies or systematic reviews (meta analyses)
- A process whereby practitioners engage in seeking, digesting, and critically appraising the latest and best evidence to support practice with particular clients and problems

- **Efficacious**--achieves outcomes, controlled research (random assignment), with independent replication in usual care settings.
- **Effective**--achieves outcomes, controlled research (random assignment), independent replication in controlled settings.
- **Not effective**--significant evidence of a null, negative, or harmful effect.
- **Promising**--some positive research evidence, quasi-experimental, of success and/or expert consensus.
- **Emerging practice**--recognizable as a distinct practice with "face" validity or logical consistency.

Informed by Research

- Rigorous research designs, randomized experimental designs
- Other designs:
  - Quasi-experimental
  - Single subject studies
  - Qualitative studies

four factors that can account for much of the improvement in treatment outcomes (Duncan & Miller, 2000)

1. Client (40%)
2. Relationship (30%)
3. Hope (15%)
4. Model (15%)

Evidence based practice

- A body of scientific knowledge about service practices—for example, referral, assessment, and case management—or about the impact of clinical treatments or services. The knowledge base is created through the application of scientific methods…(Hoagwood, et al., 2001)

Deals with the overall picture

- What treatment, by whom, is most effective for this individual with what specific problem, and under which set of circumstances?

How does you agency select change strategies?

- State of the art treatments are used?
- Fidelity to methods used is high?
- Fidelity of methods used is routinely reviewed?
- Staff member receives feedback on methods used?
- Staff members select methods based on track record of success in helping clients obtain outcomes?
- Change strategies are updated every 6 months based on empirical literature
- Staff welcome questions about service methods used?
- Client feedback regarding methods used is collected and reviewed
- Staff are trained to offer methods with maximal effectiveness?

Criteria typically used for selecting treatment

- Authority — If Freud said it, it must be true
- Popularity — 80% of clinicians are using it
- Presentation — She was so convincing, I'm going to use her work
- Experience — I've used this with my last 5 clients
- Tradition — That is what we do here
- What's new — This is what everyone is doing now
- Uncritical — Accepting it without evidence
- Case-based — I used narrative therapy and it worked great
- Testimonials — It works, it helped him
- Intentions — We care about her
- Sense-making — Play therapy works, it just makes sense
- Intuition — That session went really well
- Entertainment — Wow! It was fascinating
- Emotional — I trust my feelings on this

Based on Gambrill (2006)

Evaluation does not equate to evidence of program effectiveness

Process evaluations , i.e., – what was done, not to be confused with outcome evaluation

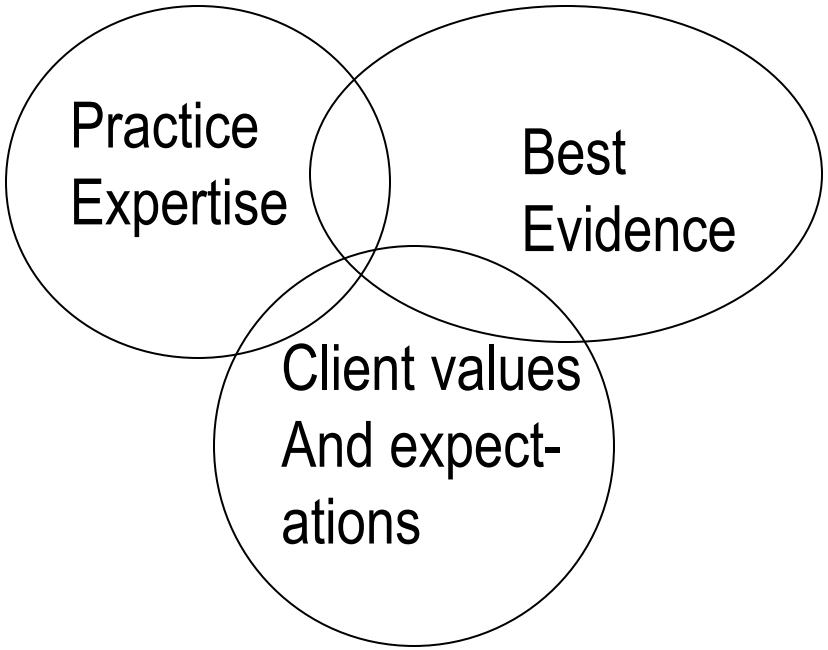
Outcome evaluation – what was achieved – not to be confused with evidence of effectiveness or efficacy

Selecting EBPs is more difficult than it looks

Engagement and treatment

- 40-60 percent of families discontinue services before completion of treatment.
- Families typically do not use outpatient services for very long.
- Most children who enter outpatient treatment attend for only one or two sessions.
- Children of single mothers, children living in poverty, children from minority groups are less likely to stay in treatment beyond the first session and more likely to discontinue treatment prematurely.

Sackett's Model of Evidence-based practice



Evaluating knowledge claims is difficult, but very important

When interventions harm

In a critical review of two experimentally controlled intervention studies with adolescents findings revealed that peer group interventions or “deviancy training” led to increases in delinquency, substance abuse, violence and adult maladjustment.

(See Dishion, et al., When interventions harm. American Psychologist, 1999, 54, 755-764).

Expressed emotions: catharsis makes things worse

A popular notion in child and adolescent psychotherapy is that if you have a client with "anger problems" a valid treatment is to help him or her "get their anger out." This fundamental notion of catharsis has been found to actually increase rather than decrease anger among children and adolescents.

(See, C. Travis, Anger: The misunderstood emotion).

Scientific thinking

- Science is the state of knowing: knowledge as distinguished from ignorance or misunderstanding
- Scientific statements are testable
- Some tests are more rigorous than others
- Science strives for objectivity
- Scientists are skeptics

Hallmarks of Pseudoscience

- Discourages critical examination of claims
- Relies on anecdotal evidence
- Is not self-correcting
- Is not skeptical
- Falsifying data are ignored
- Relies on vague language
- Produces beliefs in faith not knowledge
- Is often not testable

Are you a critical thinker?

Critical and uncritical thinkers

- Critical Thinkers:
- Value criticism
- Welcome problems and ambiguity
- Self-critical
- Reflective-searching
- Revise goals based on evidence
- Open to alternatives
- Search for evidence that challenges
- Search for evidence against initial views

- Uncritical Thinkers:
- Avoid critical appraisal
- Search for certainty and hate ambiguity
- Not self critical
- Impulsive, give up quickly
- Do not revise views
- Prefer limited possibilities
- Ignore evidence that challenges views
- Search for evidence that supports view

What criteria will you use in making practice decisions?

Practice-related claims

- A professor tells you: “some people who have a problem with alcohol can learn to be controlled drinkers; abstinence is not required for all people.” Do you believe her because she says so? What other information would you seek? Why?
- Your supervisor says, “Refer the client to the Altona Family Service Agency. They know how to help these clients.” Would you take her advice? What questions are relevant?
- At advertisement for a residential treatment center says, “We’ve been successsfully serving young people for more than 50 years.” Would this convince you? If not, what kind of evidence would you seek?
- An article you read says,”grassroots community organizing is not effective in alienated neighborhoods”. What questions would you raise?

From: Gambrill (2006, p. 75)

Steps for applying EBP

1. Become motivated to apply EBP practice.
2. Pose an answerable question of practical significance

Here are 5 types of questions that EBP can answer

- 1. Effectiveness, what method is most effective for X? E.g., What tx is best for suicidal adolescents?
- 2.Risk/prognosis, the likelihood that a person will engage in a behavior, E.g., if I place sexually abused siblings in the same adoptive home, is it likely that they will continue the abuse on each other?

Here are 5 types of questions that EBP can answer

- 3. Description, the estimate of the frequency of a problem based on a sample of individuals from that population. E.g., What is the base rate of teenage pregnancy in Tucson? Is it higher for Hispanics than other groups?
- 4. Assessment, accurate descriptions of children's problems. E.g., What is the best way to screen for depression among adolescents?
- 5. Prevention, the best way to prevent the occurrence of a problem. E.g., What is the most effective way to prevent SIDS? What is the most effective way to prevent teen pregnancy?

Step 3

Track down the evidence related to your question:

1. underline key terms being used
2. identify data bases you can use
3. develop a search strategy

Search ideas

- Campbell Collaboration/Cochrane Collaboration
- Psych info
- Social work abstracts
- Google scholar
- American Family Physician
- Center for evidence-based practice with young children
- Center for evidence-based practice
- Research and training center on early childhood development

Step 4

Critically examine the best evidence

Consider these ideas for reviewing the quality of the evidence:

-Did it address a practice focused question?

-Were the search methods reported?

-Were there criteria for article inclusion?

-Was validity addressed?

-Were the results similar across studies?

-How precise were the results?

-Are effect sizes reported?

-Were all important outcomes considered?

Step 5

Apply the results of your critical review to your practice and evaluate the outcome

Create a Culture

- What barriers does your group identify as the most significant? What can be done to reduce them?
- Promote reflective practice
- Move from opinion based to evidence based
- Promote use of critical thinking skills
- Use multiple knowledge sources

To Recap today's workshop

- Evidence based practice: what is it?
  - Treatments found to be "effective"
  - A process applied to decision making
- Levels of evidence (evaluation vs. research; process vs. outcome, outcome vs. effectiveness, effectiveness vs. efficacy)
- Foster a culture – critical thinking, evaluating knowledge claims